

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/027,821	02/23/1998	600	3737	970725.ORI

APPLICANT

STUART R CHASTAIN, SHOREVIEW, MINNESOTA; BRUCE A TOCKMAN, SCANDIA, MINNESOTA; RANDY W WESTLUND, MINNEAPOLIS, MINNESOTA.

CONTINUING DOMESTIC DATA***
VERIFIED

CHL NONE
1/27/99

371 (NAT'L STAGE) DATA***
VERIFIED

CHL NONE
1/27/99

FOREIGN APPLICATIONS***
VERIFIED

CHL NONE
1/27/99

FOREIGN FILING LICENSE GRANTED 04/21/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>CARL LAYNO</u> <u>CHL</u> Examiner's Name Initials	MN	2	26	1

ADDRESS

THOMAS J NIKOLAI
HAUGEN & NIKOLAI
820 INTERNATIONAL CENTRE
900 SECOND AVENUE SOUTH
MINNEAPOLIS , MN 55402-3325

TITLE

WAVE SHAPED
INTRAVENOUS CARDIAC LEAD WITH POSITIVE FIXATION SEGMENT

FILING FEE RECEIVED \$*1542	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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SERIAL NUMBER 09/027,821		FILING DATE 02/23/98	CLASS 604	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 970725.ORI		
APPLICANT	STUART R. CHASTAIN, SHOREVIEW, MN; BRUCE A. TOCKMAN, SCANDIA, MN; RANDY W. WESTLUND, MINNEAPOLIS, MN.						
	CONTINUING DOMESTIC DATA*** VERIFIED _____						
	371 (NAT'L STAGE) DATA*** VERIFIED _____						
	FOREIGN APPLICATIONS*** VERIFIED _____						
FOREIGN FILING LICENSE GRANTED 04/21/98							
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 1
Verified and Acknowledged		Examiner's Initials _____ Initials _____					
ADDRESS	THOMAS J NIKOLAI HAUGEN & NIKOLAI 820 INTERNATIONAL CENTRE 900 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-3325						
	TITLE INTRAVENOUS CARDIAC LEAD WITH POSITIVE FIXATION SEGMENT						
FILING FEE RECEIVED \$1,542	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			